

New Hampshire Board of Nursing

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**OFFICIAL
ON-LINE
NEWLETTER
PUBLICATION
OF
THE
NEW HAMPSHIRE
BOARD OF NURSING**

NURSING

The mission of the Board of Nursing is to safeguard life, health, and the public welfare of the people of this state and in order to protect the people of the state of New Hampshire from the unauthorized, unqualified and improper application of services by individuals in the practice of nursing.

Hands that Heal*Hearts that Care***Contact Us:**

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603-271-6282 (LNA)

www.nh.gov/nursing



Christine Naas, LPN
Board Member,
Board Liaison, Practice and Education Comm.
March 8, 2006 to January 21, 2011

Margaret Walker, Ed.D., RN
Executive Director

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FROM THE EXECUTIVE DIRECTOR by Margaret J. Walker, Ed.D., RN



Happy New Year to all! 2011 is already proving to be a challenging legislative year as we attempt to balance the NH State Budget. As citizens of this great state, we wish to have a stable financial government while providing services to its citizens. Please visit our website for scheduled meetings to discuss these important changes at www.state.nh.us/nursing as well as the board meeting minutes.

Currently, the board has proposed law changes in this legislative session to re-align our financial organizations for improved clarity and to lessen confusion between the licensure and operational functions and that of the nursing assistant registry. Further, the definition of a nurse has been addressed due to many consumer calls and complaints related to individuals calling themselves a nurse when, in fact, they work in another function of the healthcare setting.

Nursing leadership is needed during this time of decision-making and we are hoping that all licensees will remain engaged in the critical issues related to public health and safety. As always, your opinions and ideas are valued and appreciated. Historically, the board has shown that since 1907, quality nursing and nursing related care is of great importance. Further, the qualifications and competence of our licensees has evolved to a highly technical profession that requires educational achievement at a level of excellent performance.

Recent national data has shown New Hampshire as a high performing board in areas of nursing education, licensing accuracy, scope of practice, and disciplinary actions against licensees who have violated the Nurse Practice Act (RSA 326-B) and its Administrative Rules Chapters Nur 100-800. Much of the work of the board is provided by its volunteer members and staff. Our future goals include continuous improvements that enhance public safety by assuring our licensees fulfill the legislative purpose as written in the law:

OCCUPATIONS AND PROFESSIONS

CHAPTER 326-B ***NURSE PRACTICE ACT***

Section 326-B:1

326-B:1 Purpose. – In order to safeguard the life, health, and public welfare of the people of New Hampshire and in order to protect the people of the state from the unauthorized, unqualified, and improper application of services by individuals in the practice of nursing, it is necessary that a regulatory authority be established and adequately funded. To further this policy, the practice of nursing shall be regulated through the New Hampshire board of nursing, and such board shall have the power to enforce the provisions of this chapter. Licensees under this chapter are accountable to clients, the nursing profession, and the board for complying with the requirements of this act and the quality of nursing care rendered, and for recognizing limits of knowledge and experience and planning for management of situations beyond the licensee's experience.

Source. 2005, 293:1, eff. July 1, 2005 at 12:01 a.m.

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Investigator/Prosecutor



Ann Lagor & Suzanne Richardson-Martin

FROM THE BOARD CHAIR

By Robert Duhaime, MBA, RN

I hope everyone was able to enjoy the holidays and that you all are looking forward to a happy new year. As we begin 2011, the Board of Nursing will be facing some challenges like we have never had to deal with in the past. As of January 14, 2011, the Board of Nursing licensees consisted of 1,503 APRNs, 19,933 RNs, 3,443 LPNs, 14,908 LNAs, and 772 MNAs, for a total of 40,509 licensees. The responsibility of the Board of Nursing is to monitor the practices of those 40,000+ licensees throughout the State of New Hampshire at the different levels of scope of practice. The Board is able to achieve this through the operations of the Board of Nursing office. Recent National data illustrates that New Hampshire is a high-performing Board of Nursing in the areas of nursing education, licensing, scope of practice, and disciplinary actions taken against our licensees. Of note, monitoring of scope of practice in all different categories is one of the roles of the Board of Nursing in taking prompt action that ultimately results in the purpose of the Board of Nursing which is to safeguard the life, health, and public welfare of the people of New Hampshire. Without the staff and their commitment it would be extremely difficult for the Board of Nursing members, to monitor unauthorized, unqualified, and improper application of services by individuals that are practicing within their scope of practice. As members of the Board, we are committed to facing and meeting the challenges that are set before us in making sure that we meet our purpose and meet the expectations of the general public.

The good news is that we have been able to secure a new community member to join the Board of Nursing, his name is James Kuras. Looking forward to his participation on the Board. On a sad note, we are saying goodbye to Christine Naas. Christine is leaving us to enjoy her retirement. Christine has been a very active member on the Board of Nursing including her active participation on the Practice and Education Committee. Christine has been an excellent Board member and we will miss her input and expertise in future discussions at the Board of Nursing. We wish her well and thank her for all she has done for the Board of Nursing.

Applying for Licensure
Frequently Asked Questions (FAQ)

Question: Is it faster to apply for licensure online? Will I receive my license sooner if I apply online as opposed to applying via the mail?

Answer: No, by applying for licensure on line the only time you save is mailing time.

Please note that while applying online any error that is made on the online application is noted and a letter will be sent to the applicant requesting corrected and or missing information before the application can be processed.

Question: How will I know if I am licensed, will I receive notification?

Answer: No, due to the volume of applicants that we receive we are unable to notify each and every applicant that a license has been issued therefore, you will not receive notification. Paper licenses are no longer mailed and you will not be notified by e-mail.



HELPFUL HINTS:

When calling the Board office, please be ready to provide your name, license number and remember to have a pen and paper ready to write down the information you may be seeking.

BOARD COMMITTEES

P & E Committee

Christine Naas, LPN
(Board representative)

Nancy Fredholm, RN

Renee Maynes, RN

Barbara Pascoe, RN

Connie McAllister, APRN, CRNA

Bonita Kershaw, RN

You may view your license on our website www.state.nh.us/nursing by going to the online verification section under the area marked "Quick Links" (please enter the required information only). Once you locate yourself click on your name and this will show your name, license #, issue date and expiration date.

Question: How do I complete verification of licensure?

Answer: An explanation of the verification process is printed in detail on every application.

Please note that depending upon the application type the verification process can vary.

License Renewal **Frequently Asked Questions (FAQ)**

Question: I just completed my renewal why isn't the new expiration date showing up on the website yet? Why hasn't it "gone through yet"?

Answer: The online renewals need to be processed at the N.H. Board of Nursing by the renewal clerk BEFORE they will show up on the "On line verification" portion of the website.

Remember approximately fourteen days before your license expires make sure your updated license appears on our website. If your updated license does not appear this could indicate that an error occurred while you were completing the on line renewal process.

Question: What happens if I make a mistake on my online renewal?

Answer: If an error has occurred upon your renewal you will be notified by e-mail (therefore, always notify the Board of Nursing in any changes regarding e-mail addresses.)

Please remember to complete your online renewal in a timely fashion so that if an error does occur this will give you enough time to provide us with the corrected information and your license will not expire.

Question: What if I want to renew my license on line, but it has already expired?

Answer: Once a license has expired it CANNOT be renewed on the website you CANNOT work on an expired license. You must either come to the NH Board of Nursing and complete a reinstatement form or request one to be mailed to you.

National Council of State Boards of Nursing (NCSBN)

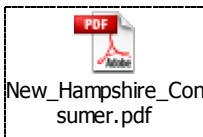
Nursing commercials on NCSBN

What Every Nurse Needs to Know:



Please click

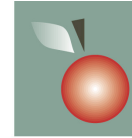
A Healthcare Consumer's Guide:



Please click



Is it spring yet...



FOUNDATION FOR
HEALTHY COMMUNITIES

Clint Jones New Hampshire Nursing Award

Purpose:

To recognize a registered nurse practicing in New Hampshire who exemplifies the practice of quality nursing care and demonstrates a career commitment to the nursing profession.

Selection Criteria: Demonstrates excellence and enthusiasm in these four areas:

1. Delivery of patient care
2. Communicating with patients, their families and healthcare colleagues
3. Commitment to nursing as a career, and
4. Inspires other nurses and healthcare professionals as a role model

Eligibility:

- Registered nurse who has practiced as an RN for **at least 1 year but not more than 6 years.**
- Practice may be full or part-time in a hospital, long-term care, home care, hospice or other health care practice setting.

Submitting Nominations:

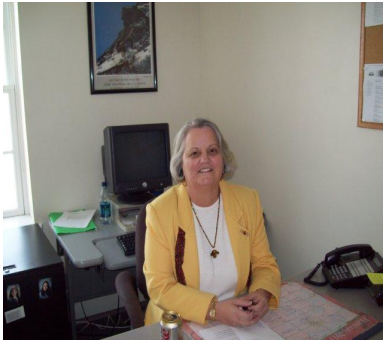
- Each nomination must be accompanied by **only two** nomination letters – one from a direct supervisor and one from a peer colleague who is involved in patient care with the nominee. Together, the nominations must address each of the four selection criteria.
- Each nomination letter should be **double-spaced** and **not exceed two pages.**
- **A supervisor can only recommend one nominee**, otherwise it diminishes the perception of the award.
- Letters from residents/patients are optional and may be submitted with the supervisor's nomination.

An Award Committee will be convened and staffed by the Foundation for Healthy Communities. Representatives from the NH Hospital Association, Home Care Association of NH, NH Health Care Association, NH Organization of Nurse Leaders, NH Nurses Association and the NH Board of Nursing will be invited to participate.

The award will be presented this year at an event to be planned by the recipient's worksite.

Clint Jones worked with extraordinary enthusiasm and commitment at the Foundation for Healthy Communities and with several other New Hampshire organizations to encourage people to pursue a nursing career.

For more information contact: Bernie Cameron at the Foundation for Healthy Communities, 225-0900 or bcameron@healthynh.com.



Atty. Laurel O'Connor
Investigator/Prosecutor for the Board

Reminder: Complaint Reporting

Pursuant to RSA 326-B:37 V: Every individual, agency, facility, institution, or organization that employs licensed nursing personnel within the state shall report to the board within 30 days any alleged violations of the Nurse Practice Act (RSA 316-B:37, RSA 326-B:41 and Nur 402.04(b).

Reportable violation are cited in RSA 326-B:37 II, Nur 402.04 (b) and Nur 402.04 (c).

Any alleged violation of the Nurse Practice Act reportable to Bureau of Adult and Elderly Services (BEAS) should also be reported to the Board of Nursing.

The complaint form and guidelines can be found on Board of Nursing website www.nh.gov/nursing under Enforcement.



FOUNDATION FOR
HEALTHY COMMUNITIES

Clint Jones 2011 New Hampshire Nursing Award Nomination Form

Name of

Nominee: _____

Last

First

MI

Home

Address: _____

Home Phone: _____

Work Phone: _____

Workplace: _____

Unit/Office _____

Work Address: _____

1. How long (years/months) has the nominee been employed at their current workplace? _____

2. What nursing school did the nominee attend? _____

3. What month/year did the nominee complete their nursing education for an RN? _____

Both the supervisor and the peer colleague should answer the following questions in 2 separate letters. Please double-space and limit each letter to no more than 2 pages:

4. Do you know the nominee as a peer colleague or as a supervisor?

5. Please describe and **provide a specific example(s)** of how the nominee demonstrates the delivery of high quality patient care and excellent communication with patients, families and colleagues.

6. Please describe and **provide example(s)** of how the nominee demonstrates a career commitment to nursing and inspires his/her health care colleagues.

Person Making Nomination: _____

Address: _____

Phone: _____

Fax: _____

E-mail: _____

Nomination is due by March 28th via fax (225-4346) or mail to: Lea Miner at the Foundation for Healthy Communities, 125 Airport Road, Concord, NH 03301

Liaison Committee

Kitty Kidder, APRN,
(Board representative)

Lisa Sullivan, APRN, CRNA
Chair

Joyce Blood, APRN

Dorothy Mullaney, APRN

Margaret Franckhauser, RN

Sean Lyons, APRN

Mary Sanford, APRN

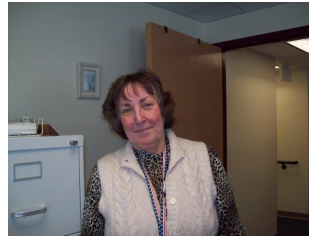
Note: Any formerly licensed APRN who is thinking about planning a **reentry program**, PLEASE contact the Board office **prior to beginning** your program. Board staff and/or the APRN Liaison Committee will be happy to work with you to ensure you meet all the requirements for reentry prior to beginning your program.

FINGERPRINTING/CRIMINAL BACKGROUND CHECK REMINDERS

1. When completing the fingerprint/criminal background check within New Hampshire, fingerprint cards are **NOT** necessary. "Live Scan" fingerprinting does not require cards unless the fingerprinting is completed out of state, in which case the cards **MUST** be obtained from the Board of Nursing office.
2. The Board of Nursing application fee **DOES NOT** include the fingerprinting/criminal background check fee. Depending upon which way the fingerprinting/criminal background check is complete and the location will determine the fee. Please refer to the Board of Nursing website www.nh.gov/nursing under the "FBI Fingerprinting Requirements" in the section marked "Quick Links" for fee schedule.
3. All criminal background checks **MUST** be notarized.
4. "Live Scan" fingerprinting is encouraged of ALL of our applicants, as the rejection rate is much lower.
5. Please remember that most police departments charge a processing fee which varies depending on the location.

**CONSENSUS MODEL FOR APRN REGULATION:
LICENSURE, ACCREDITATION, CERTIFICATION & EDUCATION**

Patricia Orzano, MA, APRN



Although there is an article in the Board's October 2010 Newsletter (available on our web site) defining and explaining the highlights of this important paper which was published in July of 2008, I will briefly review the changes that the legislative acceptance of this Model will allow for Advance Practice Nursing in NH and nationally. This will be what we hope becomes a series of articles which will keep you informed of the progress the Board is making toward the implementation of this Consensus Model and what you, as NH nurses, can do to support this important cause.

Why do we need consensus? Is NH not already a leader in advanced practice nursing with our independent practice? Earlier, we spoke of the current lack of consensus in Advanced Practice Nursing across the United States. Currently 15 states and the District of Columbia allow for independent advanced nursing practice. There are varying levels of "supervision", "collaboration" and regulation in other states. There are some states that are regulated at least partially by Boards of Medicine. There are states in which Clinical Nurse Specialists are not recognized as advanced practice nurses. New Hampshire is a state which recognizes only nationally certified clinical nurse specialists in psychiatric/mental health nursing as advanced practice nurses if they meet all the other requirements for advanced practice in NH. This is because of the history of their not being a nurse practitioner role prior to 2001 in psychiatric/mental health nursing. There are still over 20 titles for advanced practice nurses in the US. We have moved toward the Consensus Model by title change from ARNP to APRN in 2008. APRN is the Model's recommended title for advanced practice nurses nationally.

The annual NCSBN APRN Summit was held in San Diego, CA in early January. NH was represented at this meeting by Margaret Walker, Executive Director, Kathleen Kidder, APRN Board member and this writer. The objectives of this meeting included:

1. Describing the current state of APRN regulation in the US;
2. Discuss strategies to implement the APRN model legislative language;
3. Develop strategies for effective collaboration with state professional organizations and educators;
4. Identify available APRN resources

Focus also was on promoting uniformity and fostering collaboration among APRNs, educators, credentialing agencies. We all found it to be very worthwhile travel in terms of the knowledge gained and the networking accomplished.

Why is it important for advanced practice nurses to have uniformity and collaborate on a national level? Why is it important for me as an advanced practice nurse in NH who already has independent practice? With the current diversity in practice standards, levels of independence, educational preparation, titling etc, it can be difficult for insurance companies, the

**Out of State Applicants and
Criminal Background
Checks/Fingerprints**

Applicants from outside of NH will be sent fingerprint cards and authorization forms. Those applicants are asked to either use law enforcement sites in their respective states or come to NH and use a NH law enforcement site. Please send all fingerprint cards, authorization forms and fees to the Board of Nursing. The board will then send them to the NH State Police for processing.

Please plan early for this process. We have advised that the results could take as long as 2 months in some cases.



federal government and the public to evaluate advanced practice nursing care and reimbursement issues especially nationally. If an APRN contemplates ever leaving NH, the rules of the state to which the person would move might be different and significantly change the way one has been practicing.

An upcoming APRN Evening of Discussion (date not set yet) here at the Board office will continue this discussion as will these articles in future Board newsletters. Please call Pat Orzano, Assistant Director Nursing Education at 603-271-3822 with any comments, thoughts or concerns!

APRN Board Member, Kathleen Kidder, was recently awarded the UNH Alumni Association Award of Excellence for Outstanding Achievement. This award was established in 2005 to honor a University of New Hampshire graduate for significant accomplishments in business or professional life or for public service to their community, state or nation. After receiving her master's degree in nursing from UNH in 1995, Ms. Kidder served as President of the NH Nurse Practitioner Association, which serves the interests of 1500 advanced practice nurses statewide. Ms. Kidder's many accomplishments in the field of advanced practice nursing have influenced the profession and health care generally on the community, state and national level. In 2001, Ms. Kidder received the Excellence in Leadership award from Sigma Theta Tau International, the only international nursing honor society.



Kathleen Kidder, APRN

**The Challenges of Professional Nursing
By Norma Blake MS, RN**



"No man, not even a doctor, ever gives any other definition of what a nurse should be than this, "dedicated and obedient." This definition would just as

well do for a porter. It might even do for a horse. It would not do for a policeman.” Florence Nightengale

Nursing and Nurses have come a long way since Florence Nightengale’s quote was woven into the fabric of our history. What than are the challenges of today’s nurse with regard to ensuring that our rich legacy of leadership as well as patient advocacy and maintaining patient safety continue to evolve within a dynamic and shifting healthcare environment?

The challenges lie not only in maintaining excellence at any point of patient care, but also in integrating the concept of being a profession into our collective uniqueness. Nursing is recognized and valued as a profession. Varying educational pathways to entry-level practice exist and are acceptable and necessary. Nurses must strive to achieve an educational standard that defines entry into professional practice. Nurses must accept the value of personal investment in order to provide individual development and achievement. This speaks to career pathways that reflect a continuing learning process versus a one time achievement.

In addition to the educational challenges that exist, nurses must be knowledgeable and well-versed in the political environment which they live and work. This means knowing what bills being introduced into legislative session will impact nursing and what that impact will be. Remember being a profession is not unifocal. It is imperative that nurses maintain a voice and leadership role in issues that will impact their professional practice.

This second challenge may seem foreign and daunting for many nurses. Increasing one’s awareness of the political environment can begin with exploring the resources available to them from their state professional association. Nurses can also access the www.nh.gov website. Once on the website, selecting the Legislative Branch from the right hand side of the next page will bring them to a page where they can search current bills affecting nursing by simply typing in the words nurse or nursing.

In tandem with being aware of the political environment, nurses must know who their representatives are and be comfortable, as their constituents, to contact them and let their voices be heard. Don’t have time you say? Or that is not my professional responsibility. I caution against that way of thinking least we nurses become seen as “dedicated and obedient”

<http://www.gencourt.state.nh.us/house/members/wml.aspx>

Follow the link above to find out who your legislators are.

Board Members at work



left to right:

Kathleen Hartman, RN, BSN, MSN,
Christine Naas, LPN
Kathleen Kidder, APRN



James Kuras, Public Member



Karen Baranowski, DNSc, RN
Cynthia Smith, LNA

LNA Corner

by Lori Tetreault, RN-BSN Program Specialist IV

Hello and Happy New Year!

Although I am not fond of the cold weather, January always brings a sense of newness for me. I like to look back at the previous year, evaluate what I have accomplished and set goals for the new year ahead.

2011 will be a challenging year due to the economic challenges we have seen through the past year. Our main goal within the Licensed Nursing Assistant department is to continue to ensure quality nursing and nursing related care enhancing public safety. Board staff will continue to perform at a high level with a continued focus on education, licensing, scope of practice and discipline associated with the violation of the Nurse Practice Act.

The Annual LNA/MNA Program Coordinator/Review meeting was held on October 8th.

It was a fun day. Attendees were "Ready, Aimed, and Learned". Nursing assistant education, licensing and competency testing was the main focus of the day. The Program Coordinators/Reviewers sure know how to have a great "Hoe Down". Thank you to those who participated.

I am thrilled to say that I have had the opportunity to visit all of the active LNA/MNA Programs here in NH. Each program portrays its own story, but all have a common goal to ensure well educated competent nursing assistant students. It is such a pleasure to work with hard working nurses dedicated to nursing assistant education.

November 4, 2010 a MNA Day of Discussion was held. The discussion was focused on MNA scope of practice, delegation and continuing competence. Thank you to those who attended and participated in the discussions. I would like to encourage all MNA's to review their scope of practice and continuing competence requirements. Please note that all MNA's must fulfill their LNA continuing competence to ensure renewal of their MNA certification. LNA work hours must be maintained and cannot be considered when scheduled as an MNA.

The next LNA/MNA Day of Discussion will be held in the Spring. Details will be posted on the website in the near future.

We have had a very positive response to the online educational programs for LNA/MNA's. Please remember completed programs no longer need to be sent to the Board but should be maintained for your records if you are subject to audit on renewal.

I would like to take this opportunity to welcome Excel Testing. Excel Testing is a Board approved competency testing service available to all of the nursing assistant education programs here in NH. They are a NH based company. Contact info regarding Excel Testing can be found on the Board website www.nh.gov/nursing under the "Educational Programs" tab.

Enjoy the newness as the year starts, engage in your nursing assistance practice and critical issues related to public health and safety and stay active in what is going on around you.

Have a Happy and Healthy New Year!

Reminder: MNA License Renewal

A MNA certification expires at the time that the LNA license expires. A MNA certification that becomes inactive due to a non-renewed LNA

license will become null and void after 60 days. Once the MNA certification becomes null and void, a MNA course will be required for certification.

LNA/MNA Continuing Education Programs offered by the Board.

Visit the website www.nh.gov/nursing

LNA Scope of Practice
Professional Boundaries
Residents Rights
Topical Drugs
Medication Administration Safety
Oral Health Care for the Elderly
Alzheimer's Dementia in the Elderly
Oxygen Therapy

All programs offer 1 contact hour

MNA Renewal Requirements:

A minimum of 50 hours using medication assistant knowledge, judgment and skills within 2 years of date of application and; 4 of the 12 contact hours required for LNA licensure must be related to medication administration **or** successfully completion of a MNA program within 2 years immediately prior to renewal..

What is the difference between a MNA and a LNA-MC?

A MNA is a licensed nursing assistant with a NH Board approved certificate able to *administer* medications under the supervision of a licensed nurse to “stable” clients living in facilities and in the community.

A LNA-MC is a licensed nursing assistant with an NH Board approved certificate to *provide assistance, observation and documentation* under the supervision of a licensed nurse to “stable” clients with no complicated medication problems living in assisted living facilities and the community.



Licensed Nursing Assistants and Delegation: Know Your Responsibility

by Lori Tetreault, Program Specialist IV

As healthcare evolves with change, so do the duties and responsibilities of those who work in healthcare. During these challenging economic times, healthcare environments continue to be faced with the pressure associated with financial constraints. More than ever, nursing is under continuous stressors.

Licensed Nursing Assistants (LNA's) continue to report increased work assignments and additional responsibilities in many healthcare settings. Scope of practice has led our open discussions at the LNA Day of Discussions. According to RSA 326-B:14, LNA's work under the supervision of a licensed nurse. The supervising licensed nurse shall be available at all times for supervision of the duties delegated to the LNA.

Now more than ever it is important for LNA's to understand and work within their "Scope of Practice" (RSA 326-B:14). LNA's must be aware of their scope of practice and their responsibility when accepting a delegated task from a licensed nurse.

"Delegation" means the transfer, at the discretion of the nurse, of authority for the performance of a task of client care from the licensed nurse with authority to perform the task to someone who does not otherwise have such authority according to Nur 401.01.

The LNA who receives a delegated task is accountable for the decision to accept the task. The LNA must be competent to perform the task. Being competent, the LNA must have the integrated knowledge, judgment, and skills necessary to provide safe nursing care or nursing related activities.

The Board of Nursing has approved additional duties within an LNA's scope of practice provided:

- (a) **The task has been properly delegated to the nursing assistant by the supervising licensed nurse pursuant to RSA 326-B:28.**
- (b) **The task has not been made exempt from nursing assistant practice.**
- (c) **The policies of the employing health care facility allow the delegation of the task to an LNA.**

The LNA must be competent to perform the duty/task. The nurse delegating the duty/task must ensure that the LNA is competent to perform the duty/task.

A LNA who does not feel they are competent to perform a duty while providing safe nursing care should not accept the delegation and should discuss this with the supervising nurse prior to accepting the duty.

The Board of Nursing expects nurses to appropriately delegate tasks to LNA's. No person may coerce a licensed nurse into compromising patient safety by requiring the licensed nurse to delegate if the licensed nurse determines it is inappropriate to do so according to RSA-B:29 II.

LNA Continuing Competence

What is "Continuing Competency"?

Continuing Competency is integrated learning by which a licensee gains, maintains or refines practice knowledge, skills, and abilities through a formal education program, continuing education, or clinical practice. This learning is expected to continue throughout the licensees' career. Remaining active in your learning allows one to remain competent in your field of work.

Continuing Competence = Continuing Education Requirements + Active in Practice Requirements

What are the "Continuing Competence" requirements for an LNA?

24 contact hours, (12 per year) or competency testing (state test) completed within 2 years of date of application **and** 200 active in practice hours in 2 years immediately preceding date of application, or successful completion of a nursing assistant competency test (state test) completed within 2 years of the date of application.

What is a contact hour?

One contact hour = 60 minutes of organized learning.

What is “Active in Practice”?

Active in practice is defined for an LNA as someone who has worked a minimum of 200 hours within the 2 years immediately preceding the date of expiration of the current license (preceding the date of application) or successful completion of nursing assistant competency test within 2 years of the date of application.

Who is responsible for keeping track of a LNA’s contact hours?

It is the **responsibility** of the licensee (LNA) to keep track of their contact hours.

Contact hour documentation should be easily accessible if you have been chosen for audit by the NH Board of Nursing.

What continuing education is acceptable as contact hours?

Activities/topics eligible for continuing education can be found on the NH Board of Nursing website, www.nh.gov/nursing under the “Site Map” tab listed under Continuing Competence.

**NH BOARD OF NURSING
NURSING ASSISTANT LICENSURE**

IF YOU HAVE NEVER BEEN PLACED ON THE NURSE AIDE REGISTRY IN THE STATE OF NH, YOU MAY APPLY FOR NURSING ASSISTANT LICENSURE BY:

LICENSURE BY COMPETENCY EVALUATION

- Successful completion of a Board approved nursing assistant program completed within 5 years; and
- Successful completion of written and clinical competency testing within 2 years.

LICENSURE BY ENDORSEMENT

- You must hold an active out of state nursing assistant license/certification; AND
- You must meet requirements of 200 hours of active in practice as a nursing assistant within two years under an APRN, RN or LPN supervision and 12 continuing education hours per year (a total of 24 within two years), OR have completed written and clinical competency testing within two years.

LICENSURE BY COMPARABLE EDUCATION

- RN/LPN students who have successfully completed “Fundamentals of Nursing” within 5 years. If “Fundamentals of Nursing” is completed, a letter from the school or an official transcript is required; OR
- Completion of a Challenge Program and written and clinical competency testing within two years.

CHALLENGE PROCESS

Approval requires documentation of comparable or greater nursing education completed within five years, including but not limited to, EMT, Paramedic Medical Assistant, and OT.

Formal approval must be requested from the Board of Nursing to take a Challenge Program and written and clinical competency testing.

***Please see NH BON website <http://www.nh.gov/nursing/> click Licensure tab on left side of home page and scroll down to view Licensure - For LNA’s.**

**NH BOARD OF NURSING
NURSING ASSISTANT LICENSURE**

RENEWAL OR REINSTATEMENT REQUIREMENTS FOR NURSING ASSISTANTS WHO ARE LISTED ON THE NH NURSE AIDE REGISTRY

If your license is **currently active**, you can renew if you meet the following requirements:

- 200 hours active in practice as a nursing assistant within two years under APRN, RN or LPN supervision and 12 continuing education hours per year, a total of 24 continuing education hours within two years; **OR**
- A written and clinical competency testing completed within two years.

If your license is **currently inactive**, and you do not meet any of the requirements listed above, you can activate the licensure by successful completion of a written and clinical competency testing. You must e-mail or call the Board office to request a reinstatement application. A list of approved testing facilities will be mailed to you along with your reinstatement application. When you receive your testing results, you can submit your completed reinstatement application along with a copy of your test results and the reinstatement fee to the Board of Nursing.

Please note that when your license is activated, you will not be notified or receive documentation in the mail. You must check the NH Board of Nursing website to verify activation and obtain a print out of your license information.

***Please see NH BON website <http://www.nh.gov/nursing/> click Licensure tab on left side of home page and scroll down to view Licensure - For LNA's.**

Clinical Practice Advisories: January 2010- September 2010

Board Advisory Date:	
<p>January 21, 2010</p> <p>Clarification of December 15, board opinion with regard to cerumen removal from ears using instrumentation</p>	<p>Question: On December 15, 2009 the board reviewed the following question: Is it within the scope of practice for an RN to extract cerumen from ears using instruments such as, ear speculums, ear loops, small alligator forceps, and possibly suction? The board opined that: it is not within the RN scope to remove ear wax via instrumentation.</p> <p>The request is for clarification of this opinion with specific focus on the "possibly suction" statement noted in the original question.</p> <p>The Board reaffirmed its opinion that it is not within the RN scope to remove ear wax via instrumentation such as ear loops or small alligator forceps. Irrigation and suctioning to remove ear wax is within RN and LPN scope of practice.</p>
<p>January 21, 2010</p> <p>Instillation of BCG into the renal pelvis</p>	<p>Question: Can nurses RN's give BCG through a nephrostomy tube in the renal pelvis for renal cell ca in upper urinary system with a non FDA approve indication but data and case studies support it. BCG is usually given in bladder by LPN's. This patient has no bladder.</p> <p>Answer: The Board opined that it is within RN scope of practice to instill BCG into the renal pelvis provided they have the necessary education and competencies and there is a facility policy that supports this practice.</p>

February 18, 2010	<p>Question: What is the Board of Nursing expectation with regard to the dates of texts being used for educational purposes?</p> <p>Answer: The Board reaffirmed that textbooks for board-approved nursing and nursing assistant classes must have been published within 5 years and contain current information.</p>
March 18, 2010 Removal of foley catheters by LNA's	<p>Question: Can LNA's remove foley catheters?</p> <p>Answer. The Board opined it is with the LNA scope of practice to remove foley catheters provided they have the necessary education and competencies and there is a facility policy that supports this practice.</p>
March 18, 2010 Replacement of a suprapubic catheter by an RN	<p>Question: can a nurse replace a suprapubic catheter?</p> <p>Answer: The Board opined that it is within RN scope of practice to replace a suprapubic catheter provide the following conditions are met: Replacement can only occur into a healed well established open pathway. Replacement catheter can only be a balloon-type indwelling catheter. Size of replacement catheter and balloon in specified in the physician's order.</p>
March 18, 2010 Priming of IV's by LNA's	<p>Question: Can LNA's prime IV tubing that isn't connected to patients, both "plain IV" solution and IV solution with K?</p> <p>Answer: The Board reaffirmed its December 17, 2009 decision that this is not with the LNA scope of practice.</p>
March 18, 2010 Clarification/position around off label use of drugs	<p>Question: What is the Board of Nursing position on the RN role of administering off label drugs?</p> <p>Answer: The Board remains silent on this issue.</p>
<p>March 18, 2010 Instillation of medication into the renal pelvis by an LPN?</p> <p>March 18, 2010 In office percutaneous implantation of wire electrode for sacral nerve stimulation testing</p> <p>March 18, 2010 APRN dermatology age related scope of practice</p>	<p>Question: Is it within the scope of practice of an LPN to instill medications into the renal pelvis via a nephrostomy tube?</p> <p>Answer: The Board opined that this is not within the scope of practice of an LPN.</p> <p>Question: In a urology practice, is it within the scope of practice of APRN to perform in-office percutaneous implantation of wire electrode for sacral nerve stimulation testing?</p> <p>Answer: The Board opined that this is within the APRN scope of practice.</p> <p>Question: I am an Adult certified APRN with further training, experience and certification in dermatology which included all age groups. Can I care for patients of all ages in dermatology?</p> <p>Answer: APRN scope of practice is determined by basic educational preparation, national certification and demonstrated competence, all three of which must be congruent. Therefore, this is not within Adult APRN scope of practice..</p>

<p>March 18, 2010 APRN prescription of clomid</p>	<p>Question: Does a physician have to co-sign APRN prescription for clomid? Is this a formulary restriction?</p> <p>Answer: The formulary with the Joint Health Council was repealed in 2009. There is no need for physician signature on APRN clomid prescription.</p>
<p>April 15, 2010 Performance of thermography by RN's</p> <p>April 15, 2010 APRN as principal investigator of IND/Phase II clinical trial</p> <p>April 15, 2010 Co-signature for clomid</p>	<p>Question: Is it within the scope of practice to perform thermography?</p> <p>Answer: The board opined that it is not specifically within the scope of RN practice to perform thermography.</p> <p>Question: Can APRN be principal investigator of IND/Phase II clinical trial without supervision/involvement of physician, medical practice, or hospital?</p> <p>Answer: This is within APRN scope of practice.</p> <p>Question: Does physician have to co-sign APRN prescription for clomid? Is this a formulary restriction?</p> <p>Answer: APRNs do not need physician co-signature for clomid prescription.</p>
<p>May 20, 2010 APRN Scope of Practice</p>	<p>Question: I am a Adult certified APRN with further training, experience and certification in dermatology which included all age groups. Can I care for patients of all ages in dermatology?</p> <p>Answer: The board reaffirmed its March 18, 2010 answer which states, APRN scope of practice is determined by basic educational preparation, national certification and demonstrated competence, all three of which must be congruent. Therefore, this is not within the Adult APRN scope of practice.</p>
<p>June 17, 2010 Bravo Capsule (revisited)</p>	<p>Question: The Board has been asked to revisit their December 17, 2009 decision that it is not with the RN scope of practice to independently deploy and place Bravo capsules.</p> <p>Answer: The decision was made to uphold the previous opinion of December 17, 2010, that states: It is within the scope of practice to assist the provider as the provider places the Bravo capsule.</p>
<p>July 15, 2010 APRN age related scope of practice</p>	<p>Question: I am an Adult certified APRN with further training, experience and certification in dermatology which included all age groups. Can I care for patients of all ages in dermatology?</p> <p>Answer: Based on RSA 326-B:11 (NH Nurse Practice Act), the Board unanimously reaffirmed its two earlier opinions (March and May 2010) on dermatology age related scope of practice. APRN scope of practice is determined by basic education preparation, national certification and demonstrated competence, all three of which must be congruent. Therefore, all age group practice is not within the adult certified APRN scope of practice.</p>
<p>August 19, 2010 Intranasal Midazolam</p>	<p>Question: Can a school nurse (registered nurse) or his/her designee administer a physician ordered off label drug, Intranasal Midazolom to a child if the following is in place?</p> <p>➤ A physician signed medical order for the administration of Midazolam that has the specification of dose, route, and conditions by which the drug</p>

	<p>Midazolam would be given to a specific child.</p> <p>➤ A specific procedure that accompanies the medical order to guide the safe administration of the drug Midazolam to the child. This would include indications, directions for preparation of the drug for administration, supplies necessary for administration, conditions necessary for the storage of the medication and possible side effect to watch for.</p> <p>There is a reasonable amount of medical research and professional experience provided that indicates Midazolam can safely and therapeutically treat a child having a seizure in the pre hospital setting.</p> <p>The P&E committee's recommendation was to address the use of off-label drugs versus each individual drug that may come under this classification, such as Midazolam. Based on this the following answer was provided.</p> <p>Answer: The board opined the following based on the knowledge that the professional standard for off-label prescription is; the unapproved use of a legal drug must be based on reasonable medical evidence with the same judgment as exercised in medical practice in general.</p> <p>It is within the scope of practice for a nurse to administer off label medications and she/he is responsible and accountable for the components of medication administration which include but are not limited to the following:</p> <ul style="list-style-type: none"> ➤ Preparing and giving medications in the prescribed dosage, route, and frequency ➤ Observing, recording, and reporting desired effects, untoward reactions, and side effects of drug therapy ➤ Intervening when emergency care is required as a result of drug therapy ➤ Recognizing accepted prescribing limits and reporting deviations to the prescribing individual ➤ Recognizing drug incompatibilities and reporting interactions or potential interactions to the prescribing individual ➤ Providing patient education. <p>Additionally facilities/organizations should determine, in an established written policy, the drugs that may be administered in a setting. This determination should be based upon, but not limited to, the training and skill of the nurse, resources available, access to emergency medical services and other interventions that could be instituted.</p>
<p>August 19, 2010 Fecal disimpaction</p>	<p>Question: Can an RN conduct manual disimpaction of fecal material with and/or without a physician's order?</p> <p>Answer: The board opined that it is within the scope of practice of the licensed nurse to perform manual disimpaction. Furthermore facility policy should dictate those circumstances that would necessitate a physician's order.</p>
<p>August 19, 2010 Placement of a laparoscopic trocar by an RNFA</p>	<p>Question: Is it within the RNFA's scope of practice, under the direct supervision of the surgeon, to place a laparoscopic trocar in the surgical patient?</p> <p>Answer: The board opined that it is not within the scope of practice for an RNFA to place a laparoscopic trocar in the surgical patient.</p>
<p>September 16, 2010 LPN scope of practice with femoral line infusions.</p>	<p>Question: Is it within the LPN scope of practice to initiate femoral pumps under the direction of anesthesia?</p> <p>Answer: The board opined that this is not within the LPN scope of practice.</p>

September 16, 2010	<p>Question: Is it within the RN scope of practice to prime, program, connect, and initiate an epidural infusion of a postoperative postpartum patient?</p> <p>Answer: The Board reaffirmed previous advisory (see Analgesia/Anesthesia FAQ) and opines this question needs review and determination for its practice at the facility level.</p>
October 21, 2010	<p>Question: Can an APRN, certified as Adult Psychiatric/Mental Health NP, administer botox injections to a separate group of patients in a different clinical setting after successfully completing a training program and obtaining certification to administer botox?</p> <p>Answer: The administration of botox injections would not be within the scope of practice of psychiatric/mental health NP as it is not within the population focus of that national certification. Continuing education does not expand APRN scope of practice.</p>
October 21, 2010	<p>Question: As an APRN (FNP) is it within my scope of practice to administer joint injections in an orthopedic setting after training by my colleagues?</p> <p>Answer: This is within the scope of APRN with appropriate training and demonstrated competency in the procedures and within the appropriate population foci.</p>
November 18, 2010 False labor discharge	<p>Question: Is it within the RN scope of practice to certify false labor and discharge the patient?</p> <p>Answer: The Board reaffirms that the provider will determine competent nurses who can act as the QMP (qualified medical personnel) to certify False labor and discharge of the patient following facility policies and procedures that support the practice.</p>
December 16, 2010 Removal of Double J stents	<p>Question: If trained by the physician is it within RN scope of practice to:</p> <ul style="list-style-type: none"> ➤ Perform packing and splint removal in post operative Septoplasty/Turbineotomy surgical patients ➤ Assess condition of tympanic membrane and patency of ventilation tubes in post op myringotomy /tube insertion surgical patients <p>Answer: The board opined that:</p> <ul style="list-style-type: none"> ➤ It is within the RN scope of practice to remove readily visible splints that do not require instrumentation to do so, provided the nurse has the documented education and competencies to do so and there is a facility policy that supports this practice ➤ It is not within the RN scope of practice to remove nasal packings ➤ It is within RN scope of practice to assess tympanic membranes, provided the nurse has the documented education and competencies to do so and there is a facility policy that supports this practice ➤ It is not within the RN scope of practice to assess the patency of ventilation tubes in post myringotomy/tube insertion surgical patients.
December 16, 2010 Intrathecal chemotherapy	<p>Question: Is it within the scope of practice for chemotherapy certified RN's to administer intrathecal chemotherapy via an omya reservoir or an LP needle?</p> <p>Answer: The board reaffirmed its decision of February 2009 with regard to the omya reservoir, in which it opined it was within the certified chemotherapy RN scope of practice to administer intrathecal chemotherapy via an omya pump provided it had been placed with fluoroscopy guidance and placement confirmed by the radiologist.</p> <p>The board opined that it is within the scope of a certified chemotherapy RN to administer chemo via an LP needle provided the needle has been placed with fluoroscopy guidance and placement confirmed by a radiologist.</p>

December 16, 2010 Implantation of insertable cardiac monitors	<p>Question: Is it within the APRN scope of practice to implant insertable cardiac monitors, also called internal loop recorders?</p> <p>Answer: The board opined that this is not with the APRN scope if practice.</p>
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NH BOARD OF NURSING
EDUCATIONAL PROGRAMS: BOARD ACTIONS

<i>Program</i>	<i>Program Coordinator/Chair</i>	<i>Board Action</i>
<i>October 21, 2010</i>		
White Mountains Community College AD RN Program	John Colbath	Letter of Concern sent regarding NCLEX scores
River Valley Community College AD RN Program	Bridget Fillo	Letter of Concern sent regarding NCLEX scores
St. Joseph School of Nursing AD RN Program	Barbara Provencher	Letter of Concern sent regarding NCLEX scores
Rivier College AD RN Program	Paula Williams	Letter of Concern sent regarding NCLEX scores
<i>November 18, 2010</i>		
Golden View Health Care Center -LNA Program	Phyllis Fisher	Request to be placed on Hold-Granted
Clinical Career Training LLC - MNA Program	Melanie Hill	Continued Approval
Lebanon Center-Genesis - LNA Program	Allison Jones	Continued Approval
Cedarcrest Center – LNA Program	Patricia Warren	Continued Approval
<i>December 16, 2010</i>		
Sugar River Valley Reg Tech Center – LNA Program	Tanya Wilkie	Continued Approval
ARC-NH Regional Medical Careers Training School – (Concord-Portsmouth) - LNA Program	Susan Rock	Continued Approval
ARC-NH West Chapter – MNA Program	Charles Nordstrom	Continued Approval
ARC-NH Regional Medical Careers Training School – (Nashua-Keene) LNA Program	Charles Nordstrom	Continued Approval
White Mountain Community College – LNA Program	Nancy Smith	Continued Approval
Dartmouth Hitchcock Medical Center – LNA Program	Raeann Hodgson	Continued Approval

The following licenses continue to be invalid due to insufficient funds:

Licensed Nursing Assistant:

Briana L Bernard, LNA 045515-24

DISCIPLINARY ACTIONS

October 2010 through December 2010

At its November 15, 2007 meeting, Board members voted to publish names of individuals involved in disciplinary actions. At its March 20, 2003 meeting, Board members voted reprimands will no longer be posted in the Newsletter. Any questions please call Susan Goodness at the Board office, (603) 271-2323.

DATE OF ACTION	LIC NUMBER	NAME	BOARD ACTION	ACTION CAUSING DISCIPLINE
10/21/2010	055441-21	Beckford, Angela M.	Reinstate w/2 yr probation for w/restrictions/cond.	
11/18/2010	031687-24	Whitcomb, Ina L.	Voluntary Surrender	
11/22/2010	038063-24	Bowes, Ashley M.	Revocation	For violating several sections of the Nurse Practice Act including (1) unauthorized use of a client's bank account, (2) a pattern of behavior that is incompatible with the standard of practice for licensed nursing assistants, and/or, (3) failure to cooperate with a lawful investigation of the Board.
12/16/2010	039542-21	Coutermarsh (Dempsey), Mary L.	2 yr probation, reprimand and a \$250.00 administrative fine.	Improper disposal of medication and alleged diversion of narcotics.

Road to Recovery

The New Hampshire Road to Recovery is designed to assist licensees who are experiencing challenges with drug/ alcohol impairment, physical disabilities, or mental disabilities who continue to safely practice. These individual licensees require monitoring and support for the issues they face. The board supports those individuals in recovery, who maintain a safe practice, provided they are able to successfully conform to the reporting requirements listed in their agreement with the board.

Candidates for the program provide written evidence of their appropriateness for admission to the program. Participant supporting documents are reviewed by the board confidentially. The board determines whether the licensee is a candidate for the Road to Recovery based on facts from the individual, health care provider, and employer. The candidate then agrees to conform to the board requirements.

The board website contains the specific forms participants must complete on a regular basis at www.state.nh.us/nursing under the "Enforcement" as well as the "Forms, Applications, Publications" sections. These forms and guidelines allow the licensee to continue with employment while meeting the stipulations related to safe practice. Professional support groups are also available on the website under the "Quick Link" section of our home page.

Currently, the board has 14 participants who are gainfully employed and succeeding in their professional goals and behaviors. We encourage licensees who are experiencing difficulties related to drug/alcohol impairment or physical/mental disabilities to contact Margaret Walker, at the board, if they require the support to adhere to professional practice standards at 271-2323 or 271-6282.

On-Line Disclaimer

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